



DOCKET NO. B0877.70026US00

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventors to be the original and first inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOCICEPTIVE NEURON SPECIFIC CALCIUM CHANNEL ISOFORM AND USES THEREOF

the specification of which is attached hereto unless the following is checked:

☒ was filed on December 15, 2003, as United States Application No. 10/736,883, Confirmation No. 6781, bearing attorney docket No. B0877.70026US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/443,474
(Application Number)

January 29, 2003
(filing date)

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ *Customer Number:* **23628**

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ *Direct all correspondence to the above-mentioned customer number*

Address all telephone calls to John R. Van Amsterdam at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:

Full name of first or joint inventor:

Diane Lipscombe
Diane LIPSCOMBE

6/16/04

Date

Citizenship:

United States

Residence:

Barrington, RI

Post Office Address:

6 Watson Avenue, Barrington, RI 02806

Inventor's Signature:

Full name of second joint inventor:

Andrew J. CASTIGLIONI

Date

Citizenship:

United States

Residence:

Arlington, MA

Post Office Address:

28 Grand View Road, Arlington, MA 02476

Inventor's Signature:

Full name of third joint inventor:

Thomas J. BELL

Date

Citizenship:

United States

Residence:

Turnersville, NJ

Post Office Address:

22 Silver Birch Road, Turnersville, NJ 08012

Inventor's Signature:

Full name of fourth joint inventor:

Christopher J. THALER

Date

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Serial No.: 10/736,883
Declaration for Patent Application

Page 2

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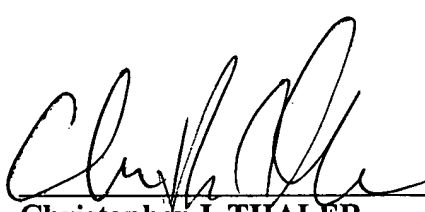
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